

"Nuts and Bolts" of PCS

Proactive Community Supervision

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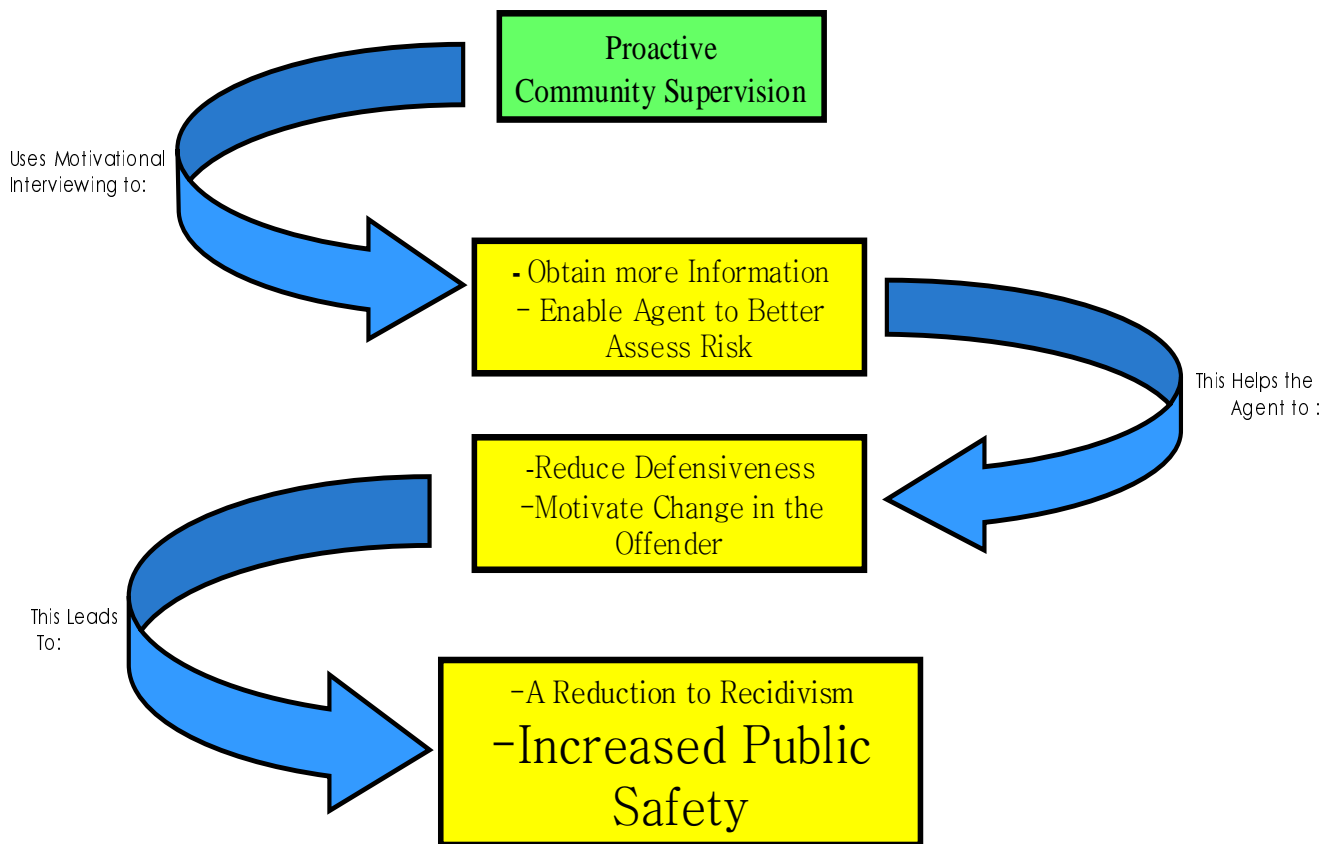
PROACTIVE COMMUNITY SUPERVISION

The purpose of this reference guide is to provide an overview of the “key concepts” of Proactive Community Supervision (PCS) within the context of Maryland’s *Break the Cycle* (BTC) strategy.

These “key concepts” include: assessment tools and techniques such as risk screening, and needs and addiction assessment; the community supervision agent as role model; PCS and communication strategies; quality contact standards; and sanctions/rewards to

promote offender change.

PCS puts the agent in the driver seat to manage the behavior of the offender. While supervision is a field where it seems the role of the agent frequently changes, it is the agent that is directly responsible for working with the offender. In essence, the agent must “manage” the behavior change process with the offender. The main tenets of effective interventions are incorporated into PCS. PCS is a process for agents to use to improve outcomes.



1. Proactive Community Supervision: What Is It? Why Do We Need It?

PCS is SMART

Safer communities

Measurable outcomes

Attainable with modest increase in resources

Revitalizing communities

Technology-strengthens supervision and data management

substance abuse problems.

Recent declines in the overall success rate of probation and parole have challenged the reactive control focus of many supervision agencies. Policy makers and state/local directors have been searching for a new approach to an

must develop strategies aimed at addressing the offender's behavioral control problems *before* utilizing formal system sanctions. The PCS agent works to empower the offender to change attitudes and values using the "key concepts." This empowerment will result in positive behavioral change. The *relationship* that develops between agent and offender is the key to the success of Proactive Community Supervision.

Community supervision traditionally involves a reactive style of case management, e.g., "I tell you what you can and cannot do, and then I react to your compliance or noncompliance" (Hershey & Blanchard, 1998). This style does not work for all offenders, especially offenders with

old problem. If the traditional approach is not effective, how do we motivate offenders to change their behavior?

Advocates of PCS argue the need to fundamentally restructure supervision practices in order to reach the goal of community protection. To successfully attain this goal the agent

PCS

Improves supervision outcomes and reduces recidivism rates by using problem solving techniques.

2. Proactive Community Supervision: How Does it Work?

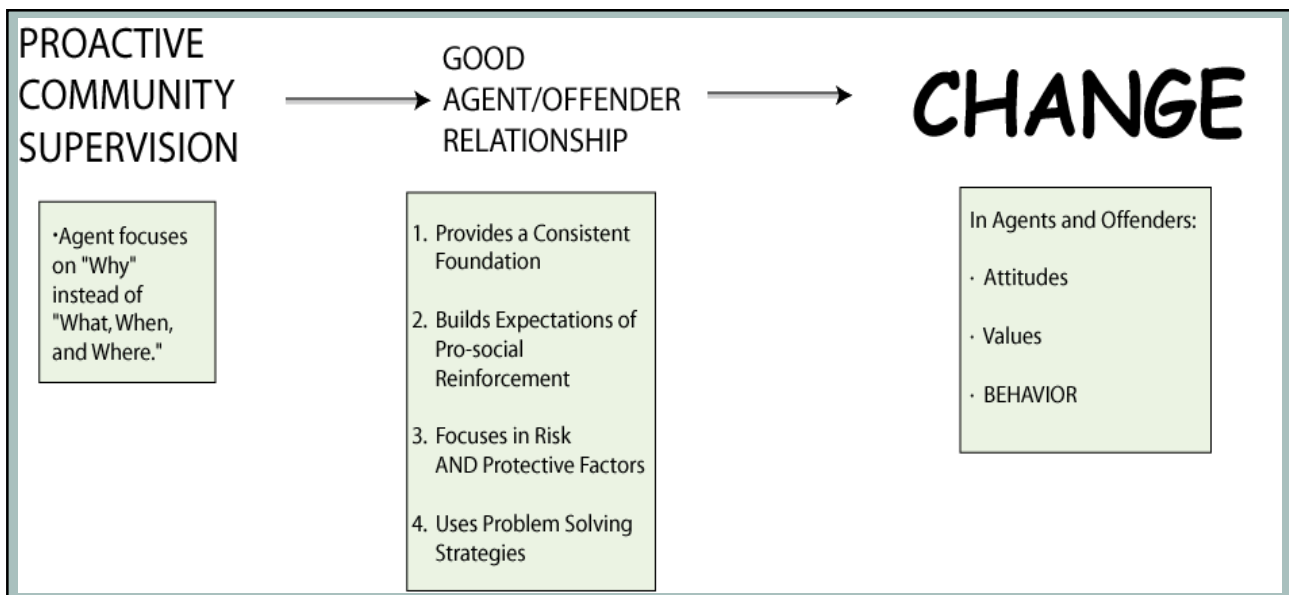
How do we communicate to and work with the offender to make the desire for change a reality? The PCS strategy uses motivational interviewing techniques which educate and empower the offender to make positive decisions about problem behaviors, such as drug use, alcohol problems, and aggressive behavior, before they require sanctioning. Motivational

Interviewing (MI) is a proven technique supported by strong scientific evidence. The agent taps the offender's motivation by addressing ambivalence and resistance to change. The agent then guides the offender through the change process.

The resulting relationship between agent and offender supports the development of prosocial values and norms. Face-to-face contact is a strong informal social

control mechanism.

Stated simply, the community supervision agent becomes a positive role model for the offender, offering an alternative to negative adult role models the offender may see every day at home and on the street. Cognitive restructuring and positive role model identification are essential to promoting offender change.



3. The Nuts and Bolts of Proactive Community Supervision I

The offender often finds the task of “breaking the cycle” (BTC) of drugs and crime insurmountable. Proactive Community Supervision (PCS) is a problem solving strategy that manages the offender within the community. It incorporates the core concepts of BTC: assessment; drug testing; treatment; and sanctions, in order to guide appropriate use of intervention supervision resources.

PCS uses information from assessment, drug testing, and case planning progress to develop a new approach to a seemingly intractable problem: offender resistance to change. Under the PCS model, the information gathered is used to continually monitor an offender’s progression through supervision to independence. Information from assessment helps the agent work with the offender in order to develop an individualized and appropriate plan of action. Information from drug testing, supervision contacts, and treatment help the agent monitor whether the offender is abiding by the rules. Information from sanctions imposed helps the agent assess whether the plan is suitable or requires modification.

Using the problem-solving strategies of PCS will effectively produce proactive and problem-

oriented interaction with the offender. Research has shown that behavior change is possible when the agent-offender relationship is viewed in a positive manner by the offender. The *Quality Contact Standard* worksheet provides the agent with a scorecard to assess the offender using core elements of BTC and PCS. This effectively promotes a prosocial relationship and allows boundaries to be set.

Nuts and Bolts of Proactive Community Supervision

- Assesses offenders
- Develops a specific case plan for the offender
- Uses Quality Supervision Contacts
- Uses appropriate intervention techniques
- Uses sanctions to address non-compliance
- Rewards offender for compliance

4. “Nuts and Bolts” II

The primary goal of PCS is to impress upon the offender the importance of self: self-assessment, self-monitoring, and self-control. This strategy educates the offender to identify the problem(s) and actively engage in the problem-solving process. It is the responsibility of the agent to guide the offender to accept individual responsibility. This assistance will ideally provide a “roadmap” to guide the offender to a crime and drug-free lifestyle, where ultimately, appropriate decisions are made independently.

Step 1. Identify the problem/issue. Utilizing the assessment tools and MI techniques, the agent will assist the offender in realizing: (1) that there is a problem, such as substance abuse, (2) that it will not “go away” without attention, and (3) that addressing this behavior will have a significantly positive impact on the offender’s quality of life.

Step 2. Evaluate the current situation. The offender’s current situation is assessed by reviewing individual, family, employment, and health indicators. The

agent’s role at this stage is to encourage the offender to consider how the problem(s) produce negative consequences, such as poor relationships with family and employers.

Step 3. Identify possible solutions. The agent identifies a variety of possible strategies that

avoided and instead the agent should encourage the offender to become proactive and problem-oriented. The decision to change *must* be made by the offender. The agent and offender can then work within the context of the offender’s lifestyle to identify acceptable solutions. When a strategy is decided upon the offender must commit to a plan of action.

Step 5. Develop an action plan. The offender develops a plan with specific behavioral goals and identified consequences for non-compliance.

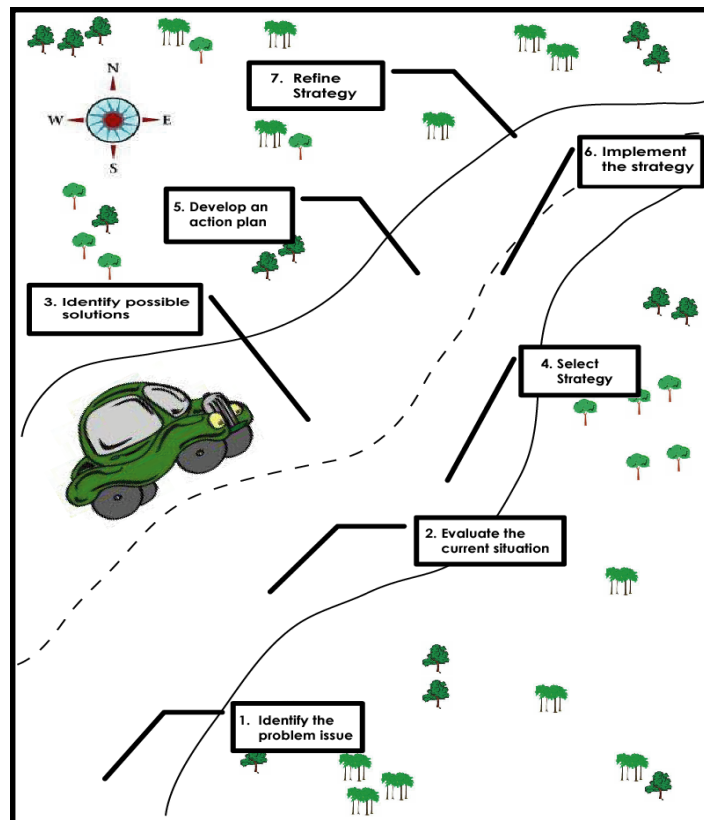
Step 6. Implement the strategy. The agent makes appropriate referrals and assesses the progress of the offender in adhering to the agreed upon action plan.

Step 7. Refine Strategy. When it is clear that a strategy is not appropriate it is the responsibility of

the agent to amend it.

Step 4. Select a Strategy. The agent considers the advantages and disadvantages of various strategies and acts as a guide and resource person for the offender. The temptation to tell the offender what to do should be

the agent to amend it. Information must be continuously gathered through drug testing, the use of treatment services, and monitoring sanctions imposed to assure the offender is compliant.



5. Assessment

Community supervision begins with an assessment of the offender's risk of recidivism and need for treatment. The purpose of conducting a risk assessment is to determine if a threat to the

responding to questions about lifestyle. Should the offender attempt to mislead or misrepresent facts to the agent, the relationship may be interpreted as hostile or suspicious.

PCL-R Scores
30+ = Psychopathic
21-29 = Middle Subjects
Below 21 = Non-psychopaths

During this initial meeting the agent explains the risk assessment and its importance to the development of an effective case plan for the offender. Rather than focusing on the "control"

community exists and to identify a subgroup of offenders that require immediate attention to prevent criminal behavior. The agent's attitude and demeanor while conducting the risk assessment will establish the form and content of subsequent meetings.

In the first face-to-face interview the agent performs the initial risk assessment and "gets to know" the offender. The agent must remember that both parties are providing cues and information, both verbal and nonverbal, that express much about who they are and what they value. These will determine how supervision will proceed. It is not surprising that the power differential during these interactions often causes the offender to be apprehensive and guarded in

features of risk assessment (e.g., higher risk levels result in more intense supervision), the agent should highlight the link between assessment and offender responsibility.

Agents have access to a number of assessment tools, including needs assessments, psychological/psychiatric assessments, and drug/alcohol assessments. Existing risk assessment instruments will capture the major criminogenic needs of offenders.

Criminogenic needs are defined as those characteristics that if addressed successfully, will most frequently lead to a subsequent reduction in recidivism. By design, a risk classification instrument includes

only those factors that can be directly and independently related to an offender's likelihood of re-offending. The Addiction Severity Index (ASI) or Psychopathy Checklist-Revised (PCL-R) should be used when the agent develops an individual supervision plan for the offender.

Maryland uses the ASI to determine the severity of the offender's addiction, asking questions in seven areas: alcohol use; medical conditions; drug use; employment; financial support; illegal activity; family and social relations; and psychiatric problems. This information is then used to guide the agent's supervision plan for the offender. The ASI is scored 0.1 - 1.0. Low severity of use is considered to be 0.4 or below. Moderate is 0.4 to 0.7. A score of 0.8 and above represents a severe problem.

The PCL-R is a twenty item questionnaire designed to identify the presence of psychopathic behaviors. An antisocial personality, especially when expressed by aggressive,

ASI Scores
range is from .10 - 1.0
.4 or below = Low Severity
.4 - .7 = Medium Severity
.8 or higher = High Severity

criminal or amoral behavior is an example of psychopathic behavior. Each question is given a score of 0, 1, or 2. A total score of over 30 shows the offender is not a good candidate for treatment.

6. Stages of Change

The “Stages of Change” developed by Prochaska and DiClemente, (1996) serves as a model identifying the process of changing behavior. These are the six distinct stages and offender behaviors associated with each.

1. Pre-contemplation. The offender does not believe that a problem exists and does not see a need for change. Example: “I don’t think I have a problem with heroin, I use it occasionally, my children think I have a problem.”

2. Contemplation. The offender realizes that a problem does exist, but is ambivalent toward the behaviors that contribute to it. Example: “I know I use cocaine a little too much, but there’s no way I’m addicted.”

3. Determination. The offender recognizes the problem behavior and wants to make a commitment to change. However, the commitment has not yet been made. Example: “I’m going

to quit using, but I need to take care of a few things first.”

4. Action. The offender defines a strategy to change and is actively involved in making the change to a drug free lifestyle. Example: “I haven’t used heroin

again.” Now the offender must return to Stage Four.

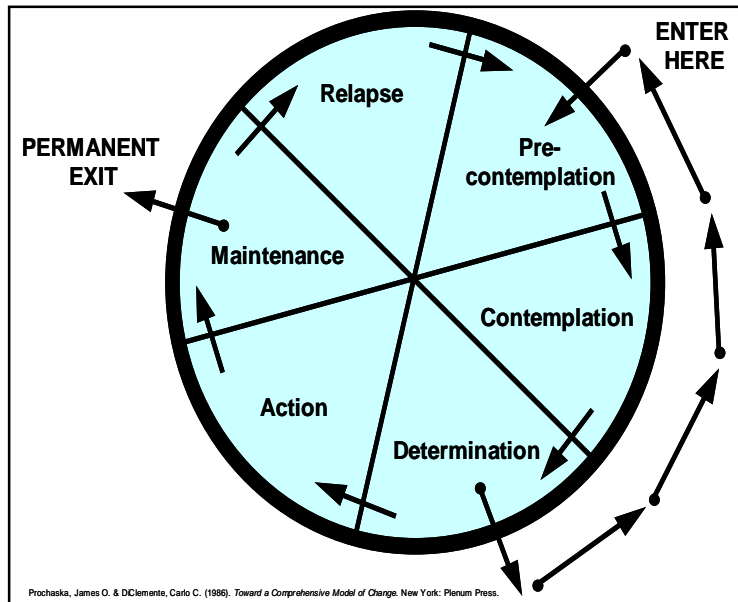
The process of change is circular, as shown above. Not every offender will go from pre-contemplation to contemplation to preparation

and so on. In many cases the offender will go back and forth between stages. It should also be noted that not every offender will relapse.

The following information should be gathered in order to determine which stage the offender is in regarding their primary addiction or maladaptive (criminogenic) behavior:

- Explore the offender’s attitude toward change.
- Determine the offender’s future intent to change, and
- Identify the success of any previous attempts to change.

What and how the agent communicates is key, depending on what stage the offender is in.



in two weeks and I have never felt this good.”

5. Maintenance. The offender has passed key milestones and is attending treatment. Example: “These past few months of being clean have been great, I can’t wait for the next few.”

6. Relapse. The offender slips. Example: “I thought I could use just once more and I’d be fine, but I’m back on heroin

7. Quality Contact Standards

Quality Contact Standards

A guide for improving the effectiveness of supervision contacts

1)	Introduced self or greeted offender in a confident, friendly manner and thanked them for their time and effort when closing the session				
LOW	1	2	3	4	HIGH
2)	Posture and physical gestures (e.g., hand shakes, eye contact, non-verbal communication) were deliberate, dignified, and conveyed interest and respect				
LOW	1	2	3	4	HIGH
3)	Was organized and prepared w/ case materials, recent test results and session goals.				
LOW	1	2	3	4	HIGH
4)	Achieved goal of meeting and closed session with review of immediate action plan for offender.				
LOW	1	2	3	4	HIGH
5)	Used appropriate communication skills to decrease tension and reinforce positive behavior; minimize interruptions and avoid raising voice.				
LOW	1	2	3	4	HIGH
6)	Reviewed and updated the offender's progress towards previously established goals.				
LOW	1	2	3	4	HIGH
7)	Explored and conducted on-going assessments of offender's ambivalence (to change), criminogenic needs and relevant circumstances of the case.				
LOW	1	2	3	4	HIGH
8)	Verified current case information and status (e.g., address, employment) and record case information that reflects minimal supervision standards.				
LOW	1	2	3	4	HIGH
9)	Maintained focus for change on offender and their problem-solving ability.				
LOW	1	2	3	4	HIGH
10)	Adequately discussed referral needs, and jointly planned goals & obstacles with offender and guided through the stages of change.				
LOW	1	2	3	4	HIGH
11)	When necessary, appropriately remind offender of ground rules for effective supervision and legal consequences of non-compliance.				
LOW	1	2	3	4	HIGH
12)	When appropriate (dictated by the sanction contract), provided sanction clearly in a fair manner				
LOW	1	2	3	4	HIGH

DPP / BGR

The supervision contact is an integral piece of the Proactive Community Supervision strategy. The Quality Contact Standards sheet has been developed through work with focus groups and various agents around the state and serves as a guide to making a successful contact. The following four guidelines will help ensure that each contact between agent and offender maximizes

productivity during the time they spend together.

You can achieve:

1 Department and manner of being with an offender.

Standards 1, 2, 3, and 4 on the Quality Contact Standards (QCS) form. The agent should strive to build a trusting relationship with the offender. A sense of respect and dignity can be communicated by maintaining eye contact and observing social graces, such as shaking hands. These guidelines

help the agent establish a relationship with the offender that will ideally be productive and positive.

2 Assessment and Planning. Standards 5, 6, 7, and 8. The agent can assess the offender's commitment to change by verifying information given previously and conducting ongoing assessments. This information will also allow the agent to provide the offender with the proper level of care.

3 Treatment and Service Referral. Contact Standards 9 and 10. These standards focus on designating the offender's treatment and service needs, as well as assuring that the offender accepts responsibility for his success in transitioning to a drug-free lifestyle. While continuing to verify information, the agent must determine a beneficial and appropriate course of treatment for the offender.

4 Sanctions and Maintaining Ground Rules for Effective Supervision. Standards 11 and 12.

Sanctioning is one of the most important facets of PCS and the offender must understand that sanctions are swift, certain, and real. Reminding the offender of ground rules may help prevent non-compliance and using the graduated sanction contract will ensure that sanctions are given fairly.

8. Rewards and Sanctions

The use of rewards and sanctions are an integral part of Proactive Community Supervision. Three things are known about assisting the offender with behavior modification and compliance: 1. People respond better to positive reinforcement (rewards) than negative reinforcement (sanctions). 2. Timely and consistent responses are the key to helping the offender make the change to positive and acceptable behaviors. 3. By designating clear expectations and establishing definite boundaries the offender can be guided toward a behavioral goal.

When the offender displays a learned pro-social value, the agent must recognize it and be quick to reward the behavior. Any attempt at change must be considered by the agent as a positive

step and can be reinforced using something as simple as verbal praise. Positive reinforcement will also encourage the offender to repeat the behavior. If the offender displays non-compliant behavior sanctioning should be swiftly enforced. The Graduated Sanctions contract will assist the agent and the offender by providing definite boundaries and the consequences of actions outside of those boundaries.

By creating a balance between positive and negative, the agent can help the offender realize which behaviors are detrimental and which behaviors are beneficial. The agent should emphasize the benefits of continued pro-social behavior and the offender's opportunity to succeed by permanently adhering to those everyday norms and values of the non-offending population.

Graduated Sanctions for Probation

1. Agent reprimand
2. Supervisory reprimand
3. Sign-in log
4. Administrative review
5. Summons/Warrant

Graduated Sanctions for Parole/Mandatory Release

1. Agent reprimand
2. Supervisory reprimand
3. Sign-in log
4. Administrative review
5. Electronic Monitoring
6. Summons/Warrant

9. Motivational Interviewing

Motivational Interviewing

Feedback

- provide objective and personal feedback to identify discrepancy between where the offender wants to be and where they are

Responsibility

- keep the focus of the offender as one who will change

Advice

- guide offenders to proper behavior and actions for positive change

Menu

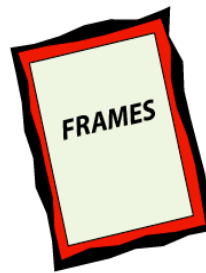
- give options, programs, resources, and strategies that match offender risks and needs

Empathy

- use active listening skills to facilitate change through acceptance.

Self-Efficacy

- support offenders' ability to achieve success

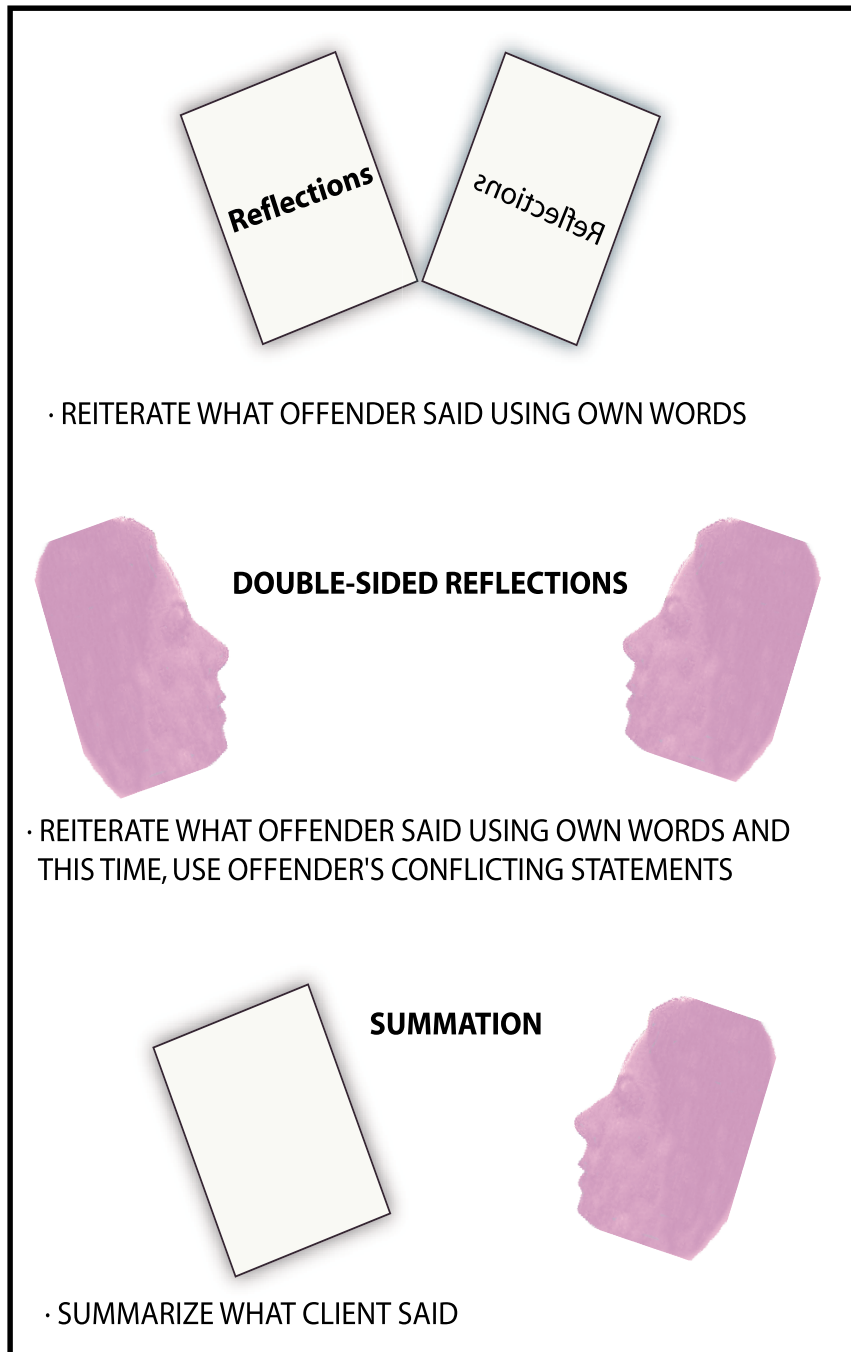


Encourages offenders to look at their lives and see the need for change

Motivational Interviewing (MI) is “a directive, client-centered, counseling style for helping clients explore and resolve ambivalence about behavior change” (Miller, 1999). It is a brief intervention that can be used in many settings with the offender.

FRAMES is a strategy of Motivational Interviewing.

Step 1 Feedback. Once an assessment of the offender's problems and needs has been completed, the agent gives the offender *feedback* on the areas identified (e.g., employment deficits, substance abuse, negative peer influences).



Step 2 Responsibility. The agent communicates directly with the offender about personal *responsibility* for change.

Step 3 Advice and

Step 4 Menu. The agent presents *advice* for the offender to consider about how a change can be made, along with a *menu* of possible interventions consistent with the

offender's risk assessment.

Step 5 Empathy. The agent uses active listening skills in order to understand the offender's perspective. The agent needs to keep in mind that ambivalence from the offender is normal.

Step 6 Self-Efficacy. The agent encourages the offender to take a look at his life and consider the need for positive change. While it is the agent's job to focus the offender on the need for potential change in lifestyle and behavior, ultimately, the decision to change must come from the offender.

A critical component of the MI process is the relationship that develops between the agent and the offender. There are a number of specific strategies that can be employed by the agent to encourage the offender to consider the possibility of change. Simple decision-balance exercises can be used such as asking offenders to assess the pro's and con's of certain risky behavior. By using open-ended questions, reflections, affirmations, and summarizations, the agent can encourage the offender to consider the possibility of change.

10. Treatment

Treatment plays an important role in both Proactive Community Supervision and Break the Cycle. It provides an intervention strategy that can help the offender conquer addiction. In order to place the offender in the appropriate treatment program the agent must determine which “stage of change” the offender is in. As stated in the previous section on “Stages of Change”, an offender must be prepared to change negative behavior before treatment can help. The intervention must show the offender why change is necessary if he does not see the need for or is not yet prepared to change.

There are different types of treatment available to help the offender conquer addiction. Using the assessment information as a guide, the agent can

determine which level of treatment is appropriate. There are five levels of treatment at the disposal of the agent. 1. No Clinical Treatment, but drug and

alcohol education classes;

2. Outpatient Treatment: less than 9 hours of group and/or individual treatment per week;

3. Intensive Outpatient (IOP): -- greater than 9 hours of group and/or individual treatment per week;

4. Short-Term Residential: --less than 28 days of intensive substance abuse treatment; and

5. Residential Treatment: --28 days or longer of intensive substance abuse treatment.

The agent must be familiar with the levels of treatment available and should work with the treatment provider to ensure that the level selected will best address the needs of the offender.

1) **Education:** drug and alcohol education classes

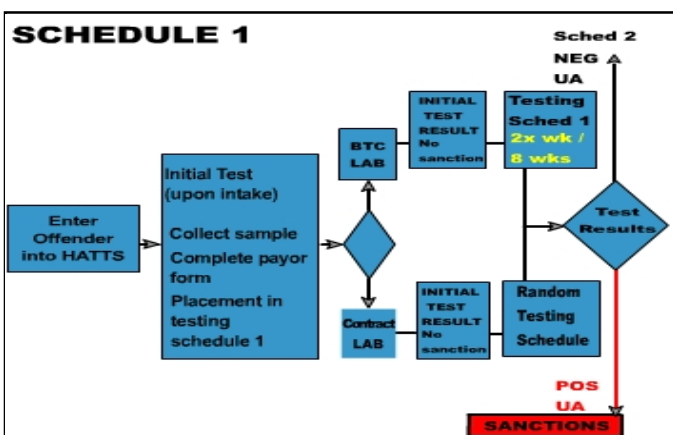
2) **Outpatient Treatment:** less than 9 hours of group or individual treatment per week

3) **Intensive Outpatient (IOP):** greater than 9 hours of group and/or individual treatment counseling per week

4) **Short-Term Residential:** less than 28 days of intensive substance abuse treatment

5) **Residential Treatment:** 28 days or longer of intensive substance abuse treatment

11. Drug Testing



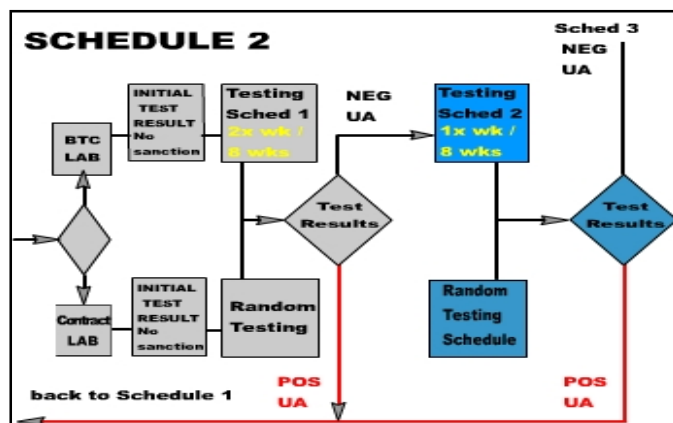
ordered by the Graduated Sanctions contract) and the offender should then be moved back a schedule. For instance if the offender tests positive while in schedule 2, he is to be moved back to schedule 1. If it is a first offense the agent is to reprimand the offender.

The agent must monitor the drug testing information and act accordingly. If an offender tests,

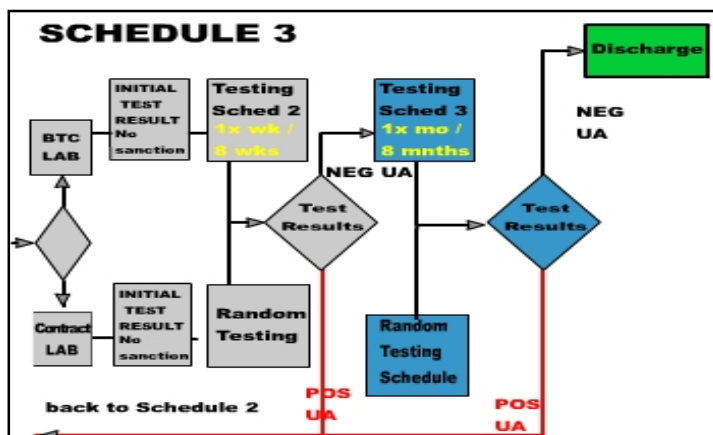
Drug testing provides objective information about illicit drug use. Test results can provide clues about how prepared the offender is to change.

Ensuring that the offender regularly attends drug testing appointments is crucial to the success of supervision.

As the offender continues to test negative for drug use, he moves through each of the 3 schedules of drug testing and can then be successfully discharged. If at any point the offender tests positive for drug (or alcohol) use, a sanction should be imposed (as



positive, the agent may need to send the offender for another assessment. Ensuring offender compliance with the guidelines of supervision and treatment, such as drug testing, is essential.



12. Roadblocks

Thomas Gordon, author of “Leadership Effectiveness Training,” mapped out 12 problems of communication. These “roadblocks” are listener responses that tend to halt existing communication with the offender. These “roadblocks” are things often said in conversation that tend to cause a lapse in communication and prevent effective conversation between agent and offender. Effective communication is extremely important

and there is no way to reach the root of the offender’s problem without it. Two goals of communication are to convince the offender to accept responsibility for his actions and to strategize about how to change the behavior that causes those problems.

The following table illustrates these “roadblocks” and proposes an alternative to those negative statements. The goal is to put the responsibility for change on the offender.

Roadblock	What Not to Say	What to Say
Ordering or Directing	“Stop making excuses and go find a job.”	“Have you had any luck finding a job?”
Warning / Threatening	“If you do this again, I am going to violate your parole.”	“According to the sanction contract that you signed, if this happens again, it will lead to...”
Giving advice, providing solutions	“You should stay away from your friends, because they are a bad influence on you.”	“It seems like you face a lot more temptation when you hang out with your old friends.”
Persuading with logic, arguing, or lecturing	“Using drugs is no good for you and you continue to use, why?”	“What do you think the pros and cons of using drugs are?”
Moralizing / Preaching	“You know, you really ought to start focusing on your family because they are there to help you.”	“Do you think that your drug use affects anyone other than you?”
Judging, criticizing, or blaming	“You know all of this is your fault, if you would just stop using, none of this would happen.”	“You are in a bad situation right now, which has to be tough, but what do you think you can do to make it better?”
Agreeing, approving, or praising	“You are a good person, you’ll be able to beat this thing no problem.”	“You are taking steps towards sobriety, but it is not going to be easy, you are going to need support.”
Shaming, ridiculing and name-calling	“What were you thinking going out with your friends, I feel like I have to watch you like a child.”	“You have said that you feel pressure when you are around your friends, how do you think you could avoid this pressure?”
Interpreting, and analyzing	“You are having a tough time stopping...because you don’t want to stop.”	“Stopping drugs must be difficult, it sounds like you are having some difficulty.”
Sympathizing/Reasoning	“I know exactly how you feel, I know how that is.”	“That can’t be easy on anyone.”
Questioning/Probing	“Why did you hang out with your friends when you knew full well, that they were going to be doing drugs?”	“It sounds like your friends seem to give you an opportunity to use drugs.”
Withdrawing, distracting, humoring, or changing the subject	“You say that you are having a problem finding a job, but for right now lets take a look at your continued positive UA’s.”	“You say that you’re having trouble finding a job, do think there is anything you can do to increase your chances of finding work?”

13. Risk, Needs, and Responsivity

The key to successful supervision is to match the offender to appropriate supervision and treatment services (the concept of responsivity). The match should be based on two key concepts: the likelihood that the offender will engage in criminal activities (risk) and the criminogenic needs that lead to criminal activities (needs).

Risk assessment tools are used to identify recidivism related factors such as the prior criminal and incarceration histories and age of first arrest. Research has shown that risk can be moderated through external controls such as supervision contacts, collateral contacts, drug testing, electronic monitoring, and other mechanisms. It follows then that the offender with a greater number of risk factors present needs a greater level of control. The offender with a low recidivism risk score generally does not benefit from intensive supervision services, and in fact these services can increase the failure rate. The offender with a high recidivism risk score will benefit from the presence of greater external control. Providing more services to high risk offenders has been shown to decrease the rate of recidivism. Intensive supervision services should be devoted to higher risk offenders.

The term *criminogenic* refers to ‘that which leads to or causes crime.’ Research has shown that criminogenic traits of offenders are those that

if left unaddressed will continue to increase the likelihood of recidivism. If these needs are properly addressed, however, there is strong evidence that these offenders will demonstrate reduced recidivism rates. The “Big Six” factors are:

1. History of anti-social behavior denoting low self-control;
2. Anti-social personality features (e.g. extremely callous);
3. Anti-social values and attitudes (e.g. moral disengagement);
4. Criminal or deviant peer association;
5. Substance abuse;
6. Dysfunctional family relations.

The responsivity principle can be summed-up by the adage ‘different strokes for different folks.’ The offender’s state of mind

must be considered when communicating and making decisions regarding the level of supervision and treatment. The offender must understand why a particular level of supervision and/or treatment intervention is required. The risk and need factors should be discussed as part of the rationale for the recommendation. Appropriate communication techniques are important when responding to the offender’s present state and in order to impress the need for intervention. Responsivity is the key to keeping the offender engaged and involved in the intervention process, empowering him to accept responsibility for his own recovery.

Appropriate treatment delivered to high risk cases that targets criminogenic need and matched with the learning styles of offenders will reduce recidivism

14. Key Concepts of PCS

Ambivalence: The display of simultaneous and conflicting attitudes of the individual towards change (e.g., I want to change my behavior, but I have a difficult time not using).

Case Plan: The specific supervision tool developed by the agent which guides the use of supervision and intervention necessary for the offender.

Cognitive Restructuring: The process of assisting the offender in changing thought patterns which produce problem behaviors.

Criminogenic Needs: The habits, relationships, history, and living environment of the offender can contribute to future criminal risk and recidivism. These needs consist of characteristics such as anti-social personality, low self-control, anti-social peer groups, substance use and abuse, antisocial values and beliefs, and family dysfunction. These are commonly known as the “Big Six” that can predict offender risk and the potential of re-offense and violation of the conditions of supervision.

Motivational Assessments: These are empathetic quality-based forms of

interaction, communication, and assessment which use the techniques of Motivational Interviewing.

Motivational Interviewing: The agent uses a broad collection of communication techniques and expectations designed to benefit offender self-awareness and overall supervision success. Some of the components of MI are active listening, empathy, open questioning, tone of voice, reflection, affirmation, and summarization. When used, MI techniques can persuade the offender to recognize the current situation and face the ambivalence that can be created by the choices he makes.

Need: The offender’s social or psychological factors that contribute to criminal behavior.

Proactive Community Supervision: This is the encompassing criminal justice philosophy envisioned to increase the chances of supervision success while diminishing recidivism by using positive motivational communication, problem solving, and resource applications. Inherent in it’s design is the action orientation of the agent in all facets of supervision. The agent takes an active

role in preempting criminal behavior and therefore helping to prevent it. PCS offers numerous tools to the agent to use in assisting the completion of successful terms of supervision.

Pro-Social Values and Behaviors:

The beliefs, attitudes, values, and actions that conform to social norms and expectations of society. The agent must reinforce those values and behaviors which are often lacking in the general offender population and encourage mutual respect, punctuality, and self-respect.

Reflections: A facet of Motivational Interviewing where the agent reiterates the words of the offender in order to clarify the intent behind the offender's statement.

Responsivity: The style and mode of service must take into account the learning style and ability of the offender.

Risk: The factors that increase the offender's likelihood of recidivism.

Self-Efficacy: Belief in one's own capability to carry out an effective course of action.

Stages of Change: The six stages of change are Pre-contemplation, Contemplation, Preparation, Action, Maintenance, and Relapse.

The "12 Roadblocks" to Effective Communication: Roadblocks are typically methods of communication that hinder dialog. The agent should avoid styles of communication which might threaten dialog and discourage the offender's willingness to participate in active conversation.